



***YOU ARE REQUIRED TO
SIGN IN PRESENCE
OF A NOTARY OR IN PRESENCE
OF VOTER REGISTRAR'S
STAFF OR OATH WILL BE VOID**

COMMONWEALTH OF VIRGINIA
ROCKINGHAM COUNTY
OATH OR AFFIRMATION

I, _____, do solemnly swear (or affirm) that I will support
the Constitution of the United States, and the Constitution of the Commonwealth of Virginia,
and that I will faithfully and impartially discharge all the duties incumbent upon me as an
Officer of Election for the term of
March 1, 2016 through February 28, 2017
according to the best of my ability.

SIGNATURE OF PERSON TAKING OATH *

Subscribed and sworn to before me this _____ day of _____
20_____.

SIGNATURE OF PERSON ADMINISTERING OATH
(MUST BE ONE OF THE INDIVIDUALS LISTED BELOW)

If Notarized: My commission expires _____ 20_____.

 **Take the above oath and sign it before one of the following:**

- the Clerk or Deputy Clerk of the Circuit Court
- a Member of the Electoral Board
- the General Voter Registrar
- an Assistant Registrar or
- a Notary

Return in the enclosed envelope OR take the oath at the Registrar's Office and leave forms A and B with them.

Form B
PRINTED ON
BOTH SIDES OF
PAGE



ROCKINGHAM COUNTY
RESPONSE TO NOTICE OF APPOINTMENT

Complete the form **FRONT AND BACK (FORMS 'A' AND 'B')** below and return in the enclosed envelope to the Electoral Board OR hand deliver to Registrar.

TO: ELECTORAL BOARD

I, _____
(Please **PRINT** your name)

☐ **DO NOT** accept appointment as an Officer of Election. (If you **no longer wish to serve**, please mark this box and sign and return without completing rest of form).

PLEASE MARK ALL FOUR BOXES BELOW:

- ☐ **DO** accept appointment as an Officer of Election and agree as follows. (**REQUIRED TO SERVE**)
- ☐ **DO** understand that I am required to attend an Election Official training session. (**REQUIRED TO SERVE**)
- ☐ **DO** ☐ **DO NOT** hold an elected office, whether paid or unpaid, under the government of the United States, the Commonwealth of Virginia, or any Virginia county, city or town; and
- ☐ **AM** ☐ **AM NOT** the deputy or the employee of an elected official

Must check **ONE** of the next three options (in order to serve as Chief or Assistant Chief, must select Democratic or Republican Party):

Option 1: ☐ I agree to represent the **Democratic Party**

Option 2: ☐ I agree to represent the **Republican Party**

Option 3: ☐ I accept appointment as a **Non-partisan (Independent)** Officer of Election. I further acknowledge that **as a non-partisan Officer I may not serve as Chief or Assistant Chief.**

OPTIONAL: ☐ I also agree to represent either the Republican or Democratic Party if needed at the polls.

Signature: _____ Date Signed: _____

PLEASE CLEARLY PRINT FOLLOWING INFORMATION:

Address: _____

* **Proficient in Keyboard Operations** ____ yes ____ no

* **Willing to work any precinct** ____ yes ____ no

* **Comfortable using Electronic Pollbook** ____ yes ____ no

Telephone: _____

Email: _____

☐ This is a new address

Contact in case of emergency: _____ Phone: _____